



CITY OF NEW ORLEANS

DEPARTMENT OF POLICE

P.O. Box 51480
New Orleans, Louisiana 70151



LATOYA CANTRELL
MAYOR

"to protect and to serve"

SHAUN D. FERGUSON
SUPERINTENDENT

PUBLIC INTEGRITY BUREAU INITIAL INTAKE FORM

(circle one)

COMMENDATION, COMPLAINT OR DOCUMENTATION OF MINOR VIOLATION

(NOPD Only) PIB CTN #: _____ Today's Date: _____ Time: _____

Complainant's Last Name: _____ First Name: _____ Race: ____ Sex: ____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact #1: _____ Contact #2: _____ Email: _____

Location(s) Incident Occurred: _____

Date & Time Incident(s) Occurred: _____ NOPD Item# _____

Do you have a COMMENDATION for, or COMPLAINT against, an NOPD employee? (Circle one)

Accused Officer 1: _____ Rank: _____ Badge #: _____

Accused Officer 2: _____ Rank: _____ Badge #: _____

(Please list additional officers in narrative) Were you directly involved in the incident? **YES / NO**

Please list the names and contact information for all witnesses: _____

Were you arrested? **YES / NO** Did you receive a ticket and/or summons for this incident? **YES / NO**

Were you injured during this incident? **YES / NO** If so, did you seek medical attention? **YES / NO**

If injured, please describe the injury and how it occurred. _____

The below section is to be completed by NOPD supervisors ONLY*****

If this is a public complaint, immediately obtain a complaint tracking number and provide it to the complainant along with a copy of this form. Submit this form to PIB before your tour of duty ends.

Was the complainant's interview recorded? **YES / NO** (If no, explain why)

Shift designation (Circle One) 1st 2nd 3rd Duty Status (Check One) On duty ☐ Off ☐

Please print your name: _____ Rank: _____ Assignment: _____

Signature: _____ Phone #: _____ Today's Date: _____

PIB CTN # _____ (**PIB ONLY**): Date Received: _____ Intake Representative's Initials _____

If you are making a complaint: What is your *primary* complaint and what outcome do you expect?
If you are making a commendation: What officer(s) would you like to commend, and why?
If you are reporting a minor violation, please summarize the behavior that constituted the violation.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PIB CTN # _____
NOPD Form 230

Intake Representative's Initials

NARRATIVE CONTINUED

The below section to be completed by NOPD supervisors for reporting minor violations/infractions ONLY***

Please list the NOPD Rule and Paragraph, Chapter, or General Order violated:

The disciplinary action taken against the accused employee is one or more of the following (check one):

Verbal Counseling ☐ Remedial Training ☐ Other ☐ (provide attachments to document other actions)**Accused Employee's Information**

Name: _____ Date of violation: _____

Race: _____ Sex: _____ Empl ID #: _____ Rank: _____ Assignment: _____

Shift designation (Circle One) 1st 2nd 3rd Duty Status (Check One) On duty ☐ Off ☐

Issuing Supervisor Name: _____ Title/Rank, Employee ID #: _____

Signature of Accused: _____ Date of signature _____

PIB USE ONLY NON-DISCIPLINARY COUNSELING FOR MINOR VIOLATION

APPROVED BY: _____ DISAPPROVED BY: _____

FORMAL DISCIPLINARY INVESTIGATION INITIATED BY: _____